



DEPARTMENT OF THE ARMY
HEADQUARTERS FORCES COMMAND
FORT MCPHERSON, GEORGIA 30330-6000



REPLY TO
ATTENTION OF

FCMD-PS

5 Dec 91

MEMORANDUM FOR CAPT HARRINGTON

SUBJECT : Integrating Veterinary Services into Disaster Management Plans

1. The emergency role of the veterinarian should be integrated with the FORSCOM emergency operations plans of the Federal Emergency Management Agency (FEMA). This memorandum will outline some of the veterinary responsibilities and duties during a national emergency.
2. Civilian authorities at the city and state level, have primary responsibilities of responding to man-made or natural disasters. Should they exhaust their capabilities, the Federal authorities, to include the military, should be prepared to respond with assistance.
3. For national emergencies, FORSCOM would provide the military resources to include personnel, supplies and equipment, if tasked by Department of the Army, Director of Military Operations.
4. The specific veterinary issues that may develop during a national emergency include:
 - a. Assurance of food safety and quality. This is especially critical in a nuclear, biological or chemical environment.
 - b. Preventive medicine responsibilities to include sanitation inspections, water quality and environmental and agricultural concerns.
 - c. Proper sheltering and treatment of livestock, especially during radiation emergencies.
 - d. Protection of the animal food supply.
 - e. Care of injured or sick animals and control of stray and abandoned animals.
 - f. Control of infectious diseases (epizootic and zoonotic).

Encl (1)

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SUBJECT: Integrating Veterinary Services into Disaster Management Plans

- g. Rescue and rehabilitation of affected wildlife.
- h. Proper disposal of animal carcasses.
- i. Laboratory evaluation of dead animals.

5. The following Veterinary resources are available to Forces Command in the Continental United States (CONUS):

a. ACTIVE DUTY TOE VETERINARY UNITS. There are two small veterinary teams currently attached to FORSCOM. Both units consists of ONE Veterinarian and five enlisted personnel. By 1994, FORSCOM will have a total of seven active duty veterinary units (3 large teams, 3 small teams and a veterinary hospital team).

b. HSC Veterinary Personnel- As it is with the rest of the AMEDD, HSC has most of the active duty Veterinary personnel. These personnel are assigned to the MEDDAC/MEDCEN and provide veterinary support to all Army, Air Force, Navy and Marine installation. These Army medical centers have local and regional medical disaster plans and would be available for support.

c. Research and Development Command - Veterinary personnel are assigned at every major R&D installation and they include a variety of specialists and experts in all areas of veterinary medicine.

d. Reserve MTOE Units - There are a total of 18 TOE Reserve Veterinary units in CONUS. These units are prepared to deliver a complete range of veterinary services in support of any national emergency or disaster.

e. IMA & IRR Reserve Veterinary Personnel (USAR and National Guard) - Over 300 veterinarians serve in the IRR or IMA. They offer a wide spectrum of specialists and experience (wildlife, Zoo, USDA, agricultural, surgical and animal medicine). They stand ready to serve in any capacity if needed.

6. CONCEPT OF OPERATIONS:

a. In a national emergency requiring veterinary support, the Department of Agriculture and DOD would assess problems and would probably form a team of specialists to include a military veterinarian.

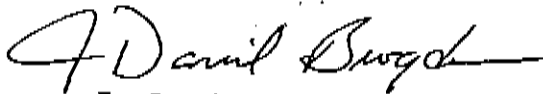
FCMD-PS

SUBJECT: Integrating Veterinary Services into Disaster Management Plans

b. USDA would form an emergency response team of veterinary specialists to assess the problem. There are appropriate protocols and instructions describing how support will be coordinated and provided by the disaster teams.

c. During a natural disaster, assessment teams will determine: Veterinary support required, type of animals affected, effect on agriculture (food, milk, crops, livestock, feed supply), effect on wildlife (both real and potential), environmental impact, etc. Available resources would be tailored for the specific veterinary requirement.

7. Point of Contact at FORSCOM for veterinary support or any issue pertaining to the veterinary mission is LTC Brogdon, at DSN 367-6717.



J. Daniel Brogdon
LTC, VC
Staff Veterinarian

CF:
OTSG (Colonel Johnson)
HSC (Colonel Heil)

LETTER TO THE AVMA
THE VETERINARY CORPS IN DISASTER RELIEF

Dr. Malcom Kram, AVMA Congressional Staff, contacted this office and requested information about any possible pre-planned, pre-designated Army Veterinary Corps expert team for disaster preparedness/response. How are we prepared to deal with potential animal disaster problems? Do these personnel have specific knowledge to capture baboons, for example? I explained our interaction within the USDA and the FORSCOM Foreign Animal Disease Program. I explained our current operations with JTF Andrew i.e. MAJ Record, 248th, 73rd, COL Stamp, MAJ Bigbie, and COL Carlisle. I explained responses by USAMRIID to Simian Hemorrhagic Fever (SHF) in New Mexico, and the Ebola virus outbreak in Virginia. I explained if the 248th needed expertise in the capture of primates, then someone could be detailed from one of the research and development labs. *** He requested a letter of the normal response sequence and capabilities by the Veterinary Corps. Because of the oversight by Congressmen/women Dellums and Boxer, the AVMA anticipates many questions after the Florida disaster. A prepared response may prevent additional inquiries. I have included a draft and will ask COL Barrows, MAJ Record, COL Stamp, LTC Brogdon and MAJ Bigbie to add, change and delete. Please return comments by phone, FAX or E-mail by 30 Oct 92. Thank -you LTC Bill Inskeep.

The leadership, organization, equipment, and skills required to prepare for and conduct military operations have application in many environments. The involvement of the U. S. Army in operations other than war dates to the earliest days of this military service. The construction of roads, bridges and canals by the armed forces, for example, has assisted both our nation and nations abroad. The focus of being prepared to fight and win on a battlefield can be effectively utilized to achieve peacetime objectives.

In peacetime, the Department of Defense (DoD) interacts with numerous federal agencies to include: Department of State,

Drug Enforcement Administration, Agency for International Development, Department of Justice, Environmental Protection Agency, Department of Agriculture (USDA), and Department of Commerce. Veterinarians perform key roles in nearly all of these organizations as well as with state and local counterparts, and to include epidemiology and public health offices. The professional ties between these veterinarians and private veterinary practitioners are clearly of great value in responding to disasters in this country and in many areas throughout the world.

As discussed by Moore, Davis, and Kaszmarek, and by Finnegan in recent articles describing veterinarians in disaster medicine, training in population and herd medicine uniquely qualifies veterinarians for disaster preparedness and response. Veterinary basic science education in microbiology, pharmacology, physiology, biochemistry and in multiple clinical disciplines, provides the training and experience critical to the performance of many major tasks created by all types of disasters. These important tasks include: 1) pre-disaster planning; 2) disaster assessment; 3) pest and vector control; 4) animal disease control; 5) food and waterborne disease prevention and control; 6) zoonosis control; 7) herd health management; 8) individual animal care, euthanasia, or slaughter, as required; 9) search and rescue; 10) maintenance and distribution of medical supplies; 11) animal control and destruction of carcasses; 12) information dissemination; 13) establishment of food procurement and sanitation procedures; and 14) identification of subsistence contamination by pathogens,

facilities and problems. The Army Veterinary Corps has active duty and Reserve Component (Reserve Component includes U. S. Army Reserve and National Guard) TOE units. The U. S. Army Reserve and National Guard units would be activated by the President or State Governor, as applicable.

The active duty unit which is mobilized is determined by the area of the U.S./world affected by the disaster. (Need 2 sentences on normal response sequence from LTC Brogdon) For example, with hurricane Andrew, Florida was in the jurisdictional region of Second Army and the 44th Medical Brigade (MED BDE).

A summary of the Veterinary Corps' participation in hurricane Andrew relief efforts is as follows: the staff of the 44th MED BDE included a veterinarian; and two TOE units the 248th Medical Detachment, Veterinary Services (Med Det Vet Svc) from Ft. Bragg, NC and the 73rd Med Det, Vet Svc from Ft. Lewis, WA were deployed. As a general rule, one of these Med Det Vet Svc teams is allocated for every 20,000 troops. The senior staff veterinarian at Defense Personnel Support Center was deployed, and worked closely with Federal Emergency Management Agency (FEMA), USDA and the 1st Combat Support Command to assist in regulating the shipment and distribution of subsistence to active duty troops and civilians fed by the Army. Two additional Army Veterinary Corps officers were deployed as a result of specific requests for military veterinary assistance from the Florida State Veterinarian and the American Animal Hospital Association (AAHA). These officers had specialized organizational and clinical veterinary medical expertise. One worked with civilian

chemicals, and radioactivity. Veterinary professionals can utilize facilities, equipment, supplies and skills for human relief, as well.

Basic military training, organizational and functional training, and managerial skills enable the military veterinarian to fulfill the above roles and tasks in a disaster. In addition, military procedures used for battlefield triage are applicable in disaster situations. Military working dogs could be deployed as an adjunct to search and rescue efforts; and be of benefit in security/patrol functions necessitated by a disaster.

Military units organized under the structural and functional requirements for combat mobilization are termed Table of Organization and Equipment (TOE) units. In the past many of these units have been assigned in forward deployed positions, primarily Europe and the Pacific Basin. The changing world situation, particularly the dissolution of the Soviet Union, has necessitated change in our national strategy. U. S. military involvement will be projected from a U. S. continental based force with a world-wide strike capability. This means more TOE units will be based in the USA. Therefore, the U. S. Army Veterinary Corps will have more TOE units within America.

These veterinary TOE units have the mission, equipment and capability to respond to disasters, if DoD involvement is directed. Veterinary TO&E units have the capability to perform the complete spectrum of food inspection required in a disaster situation. This unit can provide limited small and large animal care, and can also provide limited area assessment of veterinary

practitioner groups, animal control and humane societies, and other local officials to effect appropriate control and medical care for privately-owned pets. The other Army veterinarian provided similar expertise and assistance regarding the thousands of injured and free-roaming horses. If a civilian organization requires military veterinary assistance in a disaster, the formal request must currently be directed through FEMA to the responsible military medical command authority. After action reports and lessons learned from Hurricane Andrew indicate as the the role of the DoD expands to include disaster operations, the deployment doctrine must also address the role of veterinary TO&E units in disaster relief.

Veterinary TO&E units are composed of veterinary officers, enlisted food inspection and animal care specialists. Depending on the unit size, supply and clerical personnel are also assigned. The responsibilities of these units focus on two major functional areas of the Veterinary Corps: food hygiene, subsistence safety and quality assurance; and animal medicine. If additional specialties are required to accomplish these missions, the Veterinary Corps has specialty certified veterinarians in public health, small and large animal medicine and surgery, and food technology. The third major functional area of the Army Veterinary Corps is research and development. Certified veterinary specialists having research experience could be deployed, if needed, for natural disasters or animal disease emergencies. Specialists are available in microbiology, toxicology, laboratory animal medicine, pathology, and

physiology. For example, in the 1987 outbreak of SHF, veterinary pathologists were dispatched to New Mexico. Also, in 1990 veterinary pathologists and microbiologists assisted in the northern Virginia outbreak of primate hemorrhagic disease due to Ebola and SHF viruses. In a natural disaster such as hurricane Andrew, Army laboratory animal specialists could be utilized to aid in the capture and treatment of primates accidentally released from zoos, amusement parks and research facilities.

The function of the U. S. Army Veterinary Services is nearly the same in both peace and wartime. As recently demonstrated in hurricane Andrew relief efforts, the capabilities of military veterinary units and the abilities of veterinary personnel are strikingly clear in disaster assistance efforts.

JTF ANDREW
44TH MEDICAL BRIGADE

25 SEP 1992

SUBJECT: After Action Report - Veterinary Services

EXECUTIVE SUMMARY

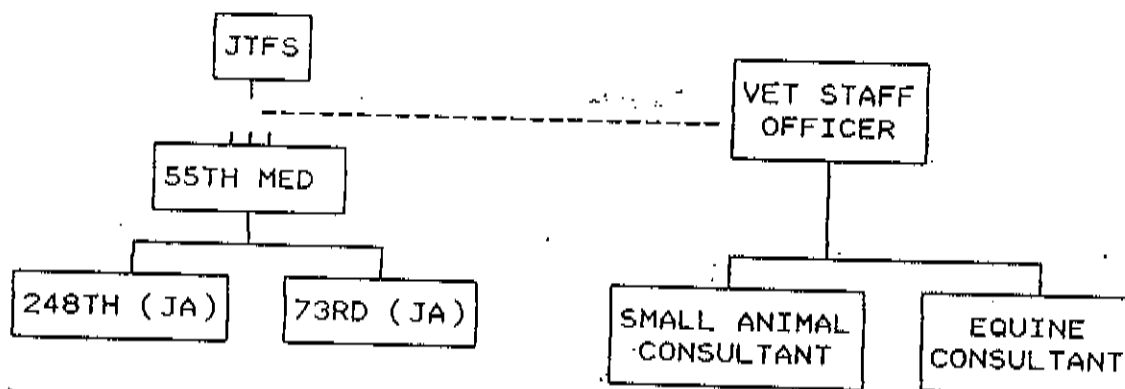
1. Mission: The veterinary units and individuals deployed with the 44th Medical Brigade had the following missions:

- Food Inspection. The food inspection mission included supporting Class I supply points, mobile kitchen trailers (MKTs), and on call support for individual units and civilian relief agencies.

- Animal Medicine. The animal mission included coordinating care for stray and injured small and large animals, providing direct care in small animal emergencies and continuous care for injured horses at Tropical Park.

- Area Assessment. This mission included evaluating the rabies and other zoonotic disease threats and evaluating the condition of the practices in the area affected by the disaster.

2. Organization:



Listing of units/personnel:

248th MED DET (VS)	Fort Bragg, NC
Cdr - CPT Wardlaw	
73rd MED DET (VS)	Fort Lewis, WA
Cdr - CPT Watters	
COL Stamp (Small animal)	Fort Sam Houston, TX
MAJ Bigbie (Equine)	Fort Sam Houston, TX
MAJ Record (Staff officer)	Fort McClellan, AL

3. Capabilities:

a. Veterinary TO&E units have the capability to perform the complete spectrum of food inspection required in a disaster situation. They can provide limited small and large animal care. They can also provide a limited area assessment of veterinary facilities and problems.

4. Concept of Operations:

a. Emergency phase:

- 248th MED DET (VS) provided area support for the entire disaster area until the 73rd arrived from Ft Lewis, WA. At that time the 248th assumed responsibility for support of the 82nd ABN area of operation.

- 73rd MED DET (VS) provided area support for the 10th MTN area of operation.

- COL Stamp coordinated volunteer efforts for the small animal relief program to include limited treatment and stray animal control problems.

- MAJ Bigbie coordinated assistance for unclaimed horses and provided medical care for injured horses at Tropical Park.

b. Tasks:

- Provide food inspection for the JTF and other organizations upon request. The primary focus was on Class I points and the MKTs.

- Provide medical care to injured large and small animals on a limited basis.

- Coordinate pick-up of stray animals and carcass removal.

- Conduct area assessment of veterinary needs and the zoonotic disease threat.

- Provide training and assistance at MKTs, civilian food depots and civilian retail centers.

5. Key Events:

31 Aug 92 - Request for veterinary staff officer by BG Peake for Operation Andrew.

1 SEP 92 - MAJ Record arrived in Miami to serve as the veterinary staff officer requested on 31 AUG 92.

2 SEP 92 - 73rd Medical Detachment (VS) arrived from Fort Lewis, WA.

3 SEP 92 - Coordinated with Florida State Veterinarian, ESF-8, FEMA, OTSG, and HSC in order to expedite the request by the State of Florida for two additional veterinarians.

5 SEP 92 - COL Stamp and MAJ Bigbie arrived from San Antonio, TX in response to the request for additional veterinarians made on the 3rd of September.

10 SEP 92 - Completed transition plan for return of various functions to civilian control.

11 SEP 92 - Dr. McCormick came on board to work with Dr. Stamp. He was hired by the south Florida Veterinary Medical Association.

14 SEP 92 - Good Morning America visited Tropical Park.

17 SEP 92 - COL Stamp departed for San Antonio, TX.

21 SEP 92 - Veterinary assessment completed.

24 SEP 92 - MAJ Bigbie departs for San Antonio, TX.

25 SEP 92 - MAJ Record departs for Ft McClellan, AL.

Hand off dates:

Animal Medicine	
Small animal	17 SEP 1992
Equine	23 SEP 1992
Area assessment	21 SEP 1992
Food inspection	23 SEP 1992

6. Key Personnel:

Federal: USPHS - Dr. Mainzer/Dr. Gorham
State: Florida State Veterinarian - Dr. Pace
County: Animal Control - Ms. Albertini
Military: DPSC - COL Carlisle
 FORSCOM - MAJ Brogdon

Encl:

1. Lessons learned
2. Military veterinarians assigned
3. Transition plan
4. Small animal report
5. Equine report

JW Record

JEFFREY W. RECORD
MAJ, VC
Veterinary Staff Officer

25 SEP 1992

SUBJECT: Lessons Learned/After Action Report - Veterinary

PHASE I:

1. Observation: That the existing doctrine for deployment of veterinary TO&E units does not adequately address their role in disaster relief operations.

Discussion: Veterinary personnel (TO&E and fillers) should be staged to arrive in the disaster area as soon as possible following the event. Because of the diverse social, political, preventive medicine and animal related problems that arise during and following a disaster, planning should occur on a frequent basis and should include predesignated team members. The current force structure of two Medical Detachments (VET-JA) and the PROFIS staff officer cannot possibly successfully address all the complicated issues that arise during a disaster situation.

Recommendation:

1. That a military veterinary Task Force should be formed to review the actions that occurred during Operation Andrew and begin to plan for the next disaster relief mission.
2. That veterinary support should include at least one MED DET (JA) per division deployed, plus one at Corps level as well as a HQ element.
3. Special staff officers assigned should include the PROFIS filler for the 44th Medical Brigade, a small animal clinician (O-5 or O-6), a large animal/equine clinician (O-5 or O-6), a consultant for Human-Animal Bond issues, and a Special Forces VCO trained in area medical assessment.

2. Observation: That all veterinary TO&E units should deploy with all authorized equipment, a full basic load, and all special equipment required for disaster relief operations.

Discussion: A veterinary TO&E unit that deploys without all authorized equipment cannot perform all assigned and implied missions. Situations arose in which a unit could have provided more assistance had they brought all their supplies and equipment.

Recommendation:

1. Ensure that the command structure allows the veterinary TO&E units to deploy with their full compliment of personnel, equipment, and supplies.
2. That a recommended list of essential items/supplies be developed specifically for disaster situations.

3. Observation: That the key leadership of all agencies involved in disaster relief operations are identified prior to the occurrence of a disaster and are on site immediately following the disaster to begin coordination and evaluation.

Discussion: The Florida State Veterinarian requested U.S. Army veterinary assistance through FEMA without personally evaluating the situation. Upon arrival of the requested veterinarians, he made no attempt to coordinate veterinary related events or accept responsibility for the majority of the veterinary problems in the disaster area.

Recommendation:

1. Prior to the occurrence of a disaster, the governor of each state should designate which state/county officials have the lead role in each functional area and assign them full responsibility for their respective areas in the event of a disaster.

4. Observation: That the veterinary TO&E units were unable to assist in the capture of stray animals, even on an emergency basis.

Recommendation: That each veterinary TO&E unit be authorized capture equipment including chemical immobilization devices on their TDA.

5. Observation: That one of the major problems in assessing an area after a disaster is identifying what existed prior to the disaster.

Recommendation: That deploying forces should obtain area telephone directories and a copy of the AVMA Directory prior to entry into the disaster area.

6. Observation: That the organizational structure and POCs of each organization having interaction with veterinary support missions be identified at the onset of a relief operation.

Recommendation: This would require a meeting of all the key players at the onset of a disaster and require a clear definition of the command and control structure of the entire task force.

7. Observation: That the mechanism for carcass disposal be in place and be tested as soon as possible after arrival in the disaster area.

Recommendation: Carcass disposal is a function of different agencies in each location that may be affected by a disaster. Early information and getting this system on line is an important step in the prevention of disease outbreaks.

PHASE II:

1. Observation: That the original donations of food were a mix of perishables and semi-perishables, some home-made and others without identifiable sources.

Discussion: The large amounts of food that were donated through the various relief groups, including churches, individual volunteers, etc. create the potential for a wide spread food-borne disease outbreak.

Recommendation: That all food donations go through the Red Cross and that the state and county provide food inspectors to sort and evaluate the food. If the resources at the county and state level are inadequate to properly inspect the food, a formal request should be submitted through ESF-8 to FEMA asking for military food inspection assistance.

2. Observation: That Psychological Operations units be utilized early in the relief effort to provide leaflets describing how to handle food and/or animal problems.

Recommendation: These units are an invaluable resource in disseminating information and can provide multilingual leaflets.

3. Observation: That Special Forces veterinarians could be utilized for area assessment operations.

Recommendation: Special Forces veterinarians are trained and have the forms necessary for area assessment as part of their Field SOPs. A SF veterinarian should be part of the initial deployment package.

4. Observation: That multiple copies of the approved source listing for the area involved be provided to the deploying forces and given to the contracting officers involved on site.

Recommendation: That each deploying veterinary TO&E unit acquire multiple copies of the current Approved Source listing for the affected area from the nearest MEDDAC and provide them to the contracting officers at the various agencies ordering food.

PHASE III:

1. Observation: That no coordinated plan existed between major organizations and government agencies for the control of stray animals.

Discussion: The stray animal issue was one that was a continuous problem from the arrival of the military and will continue after the military has departed. Neither deployable Military Police units nor Veterinary TO&E units have the resources to capture and/or hold stray animals.

Recommendation: That the state governments coordinate stray animal control in a disaster situation. Additional county resources should be brought in from outside the disaster area to assist in capturing stray and abandoned animals in the disaster area to include the capability for chemical restraint.

OTHER:

1. Observation: That no plan exists for U.S. Army veterinary support of a disaster relief operation.

Discussion: It appears evident that the disaster relief mission within CONUS is one that will be on-going in nature. In fact, it is one area in which military-veterinarians can play a key role, especially immediately after the disaster because of their immediate deployability and their multiple skills involving medicine, public health, and food inspection.

Recommendation: That a frequently scheduled planning conferences including all the key players be conducted in order to be prepared for the disaster relief mission. Planners should include the following at a minimum: FORSCOM, HSC, OTSG, and commanders of the veterinary TO&E units identified to participate in disaster relief operations.

2. Observation: That no adequate computer software has been developed to gather the appropriate data to facilitate the identification and disposition of lost/stray animals.

Recommendation: That computer software be developed based on existing programs to be readily available to disaster relief teams.

3. Observation: That the disarray and lack of cooperation between national, state, regional and local "Animal Welfare Groups" seriously handicapped animal service operations.

Recommendation: None.

4. Observation: That the awkward organizational structure of Animal Control, the State Veterinary Office, and the State Public Health organization impeded all facets of the veterinary services/assistance attempting to be rendered.

Recommendation: Reorganize the State Veterinary Office to provide oversight of all animal issues occurring in a disaster situation.

5. Observation: That laptop/notebook computers and printers be provided to each veterinary unit and staff section deployed.

Recommendation: Each unit is required to provide multiple reports and information papers regarding their activities. Hand written copies are generally unacceptable. In addition, the various programs available readily facilitate preparation of briefing slides and other presentations.

6. Observation: That a essential equipment list is needed for veterinary units deploying in support of disaster relief operations.

Recommendation: That the Task Force formed to review Operation Andrew form a list of essential equipment necessary for disaster relief work.

MEMORANDUM FOR JTF ANDREW, 44TH MEDICAL BRIGADE
(G-1/POSTAL CLERK)

25 SEP 1992

SUBJECT: Forwarding Addresses for JTF Veterinarians

COL Gary L. Stamp
DOD Military Dog Vet Svcs
1219 Knight Street
Lackland AFB, TX 78236-5631
ph 512-671-3991

MAJ Kim B. Bigbie
HQ, Health Services Command
HSVS-P (MAJ Bigbie)
Ft Sam Houston, TX 78234-6000
ph 512-221-6522

MAJ Jeffrey W. Record
Deputy Commander for Veterinary Services
P.O. Box 5373
Ft McClellan, AL 36205
ph 205-848-4415

CPT John R. Wardlaw
Commander
248th Medical Detachment (VS)
Ft Bragg, NC 28307-5000
ph 919-396-1519

CPT Steven M. Watters (STAY BEHIND ELEMENT)
Commander
73rd Medical Detachment (VS)
Ft Lewis, WA 98433
ph 206-967-4556

JTF ANDREW
44TH MEDICAL BRIGADE
MIAMI, FL

12 SEP 92

Subject: Transition Plan for Veterinary Services

1. Pre-disaster assessment:

Veterinary Clinics - 29
Veterinarians - 36
Animal Control Vehicles - 12
Dead Small Animal Pick-up Vehicles- 2
LA Carcass Pick-up - on civilian contract through Roads and
Bridges
Food inspection- no pre-disaster requirement

2. D+21 Assessment:

Veterinary Clinics
- Fully functional/minimal damage - 7
- Open/moderate damage - 8
- Closed/destroyed - 10
- Status unknown - 4
Veterinarians - 26
Animal Control Vehicles 12 (1 non-functional)
Dead Small Animal Pick-up Veh. 2 (1 non-functional)
LA Carcass Pick-up - no change, considered adequate.
Food inspection - requirement continues for military food
inspectors as long as COSCOM has the
civilian feeding mission

Personnel and equipment needs are currently being met with volunteers and local assets.

Facility repair is being facilitated by the American Veterinary Medical Association. Dr. Tennyson has arranged for Dr. Ray Russell from Kansas State University to assist the local practitioners in reestablishment of their practices.

Transportation is not a problem at this time, either for food distribution or animal control.

Communications are rapidly being reestablished and those practices that are open have either direct communication or answering service capability.

Total assessment: Amber

3. Transition to Green:

- When 75 % of pre-disaster practices are open and providing at least basic services. (20 SEP 92)

12 SEP 92

- When 85-100 injured/malnourished horses have been placed in foster homes. (23 SEP 92)

- When the South Florida Veterinary Medical Association has assumed effective coordination of volunteers for animal care and for food distribution. (17 SEP 92)

- When a contract has been let to feed the people currently eating at the MKTs run by the Army. (DATE ?)

JEFFREY W. RECORD
MAJ, VC

JOINT TASK FORCE ANDREW
44TH MEDICAL BRIGADE
MIAMI, FL

AFVH-XA-VS

16 SEP 1992

MEMORANDUM FOR JTF SURGEON

SUBJECT: Small Animal Medicine Relief Program, Issues and
Resolutions

1. Issue: Organization of Animal Medicine Crisis Action Team

Resolution: Initially formed a team of:

- a. Dr. Larry Dee - Regional American Animal Hospital Association (AAHA) and local veterinary association representative
 - b. Dr. John Albers - Executive Director of AAHA
 - c. COL Gary Stamp - Army Veterinary Corps clinical medicine consultant
- This team formulated a plan to execute the small medicine relief effort.

2. Issue: Assessment of Local Veterinary Medical Capabilities

Resolution: COL Stamp participated in a local VMA meeting to discuss problem areas; then visited over 20 practices and three field clinic operations to assess the situation on the ground in the affected area.

3. Issue: Availability of Care for the Animals of Indigent Victims of the Disaster

Resolution:

- a. Devised a plan with AAHA and Florida VMA to utilize trust funds to subsidize care for small animal patients.
- b. Coordinated and monitored the volunteer program to support field clinics in remote areas and at the Metro Dade Animal Control Center.

4. Issue: Rebuild Community Veterinary Infrastructure

Resolution:

- a. Integrated support from the American Veterinary Medical Association (AVMA) and AAHA with the local veterinary community. Organized a team with members from various organizations to address problems of animal welfare, animal control and veterinary support.
- b. Obtained local VMA representative (Dr. McCormick) to be the Joint Task Force Andrew "veterinary coordinator."

c. Fostered transition of care from field "mash" clinics to fixed facilities, emphasizing that quality care be generously provided by veterinarians to victims (patient and owner) of Hurricane Andrew.

5. Issue: Adequate Animal Control Measures

Resolution:

- a. Attempted to assess animal control problem by monitoring incidence of bite reports and observations of loose and dead animals. Helicopter fly over of the area was also conducted. Data and results were less than desirable.
- b. Met with the Director of Metro Dade County Animal Control several times to discuss and emphasize the importance of effective animal control as a key element in the public health program.
- c. Met with the State Veterinarian (Dr. Pace) to advise him of the potential problem associated with an increased number of strays and dead animals. Requested his support to bolster the resources and commitment of the Metro Dade County should the current situation worsen.
- d. Advised Animal Control Director to reevaluate resources against potential problem, and develop a contingency to augment as needed.
- e. Long-term resolution of the animal control problem should be addressed from the Public Health perspective not as a part of Public Works.

6. Issue: Development of a "Pet City" for Tent City relief victims

Resolution:

- a. Discussed the concept with representatives from USPHS, HRS, Division of Elderly Affairs (St. of FL), Agency for Health Care Administrators, and 44th Med Brigade. There was general agreement that a program to allow owners to maintain close contact (bond) with their pets was worthwhile to investigate further.
- b. Obtained verbal commitment from the local Delta Society to be the primary service organization supporting such a program of Human-Animal-Bond for hurricane victims.
- c. Met with Homestead City Management representative (Mr. Courchaine) to discuss the concept. This meeting was unrewarding since the city officials (including the Mayor) had not been told who was to be designated as the responsible agency for Tent City management. They were also were unsure of the need for such a pet holding facility or whether they should pursue the concept.

d. Coordination was accomplished to secure cages for holding animals and documents were prepared requesting the appropriate tentage and equipment.

e. This issue remains unresolved due to the uncertainty regarding who is the management authority for the tent community.

f. A model/plan has been briefed to the JTF-Andrew Veterinary Service and they are aware of how to implement it, should the community request it.

7. Issue: Animal Welfare, To include Lost and Found Animals, Fostering Procedures and Temporary Sheltering

Resolution: This entire issue remains unresolved and is extremely complex due to the numerous volunteer organizations involved and their competing interests.

Gary L. Stamp, COL, VC
Clinical Medicine Consultant

23 September 1992

MEMORANDUM FOR BG PEAK

SUBJECT: Equine Relief After-Action Report

1. Mission Statement

To provide consultation regarding the clinical care of horses injured or sick as a result of Hurricane Andrew and to contribute organizational skills and leadership to a muddled rescue effort.

2. Organization

In the early days following the hurricane, several groups independently were formed to support the sick and injured horses. Upon my arrival, the effort was without effective leadership. The figurehead custodian of the Tropical Park Horse Park, Dr. Debra Marshall, no longer possessed the confidence of the laborers. Dr. Ted Specht, a local equine specialist, had become a near-folk hero; his staunch efforts on behalf of the sick and injured horses made him the de facto leader of the relief program. However, his quiet manner and reserved temperament thwarted his ability to soothe the chaos.

My arrival was enthusiastically applauded. The Army uniform commands instant credibility and the role of leadership was obsequiously placed at my feet. It was intuitively evident that my effectiveness was contingent upon my ability to limit my scope of involvement. That scope, therefore, was limited clinical cases and their disposition. Healthy horses stabled at other facilities were left to the discretion of other state, county and local authorities.

Hundreds of volunteers were available for the many jobs generated by the stabling of horses: feeding, cleaning stalls, grooming, and exercising in addition to treating and medicating the hospitalized horses. Many veterinarians and veterinary technicians volunteered on a day-to-day basis. A large number of the volunteers were Animal-Rights advocates with altruistic motives.

3. Capabilities

Many good people have put forth heroic efforts to secure money, supplies, drugs, and other support for the Hurricane horses. At least 7 separate organizations have been formed and are soliciting money in the name of horse relief. Thousands of bales of hay, tons of feed, truckloads of bedding and a plethora of drugs and supplies continue to arrive daily. Widespread national public awareness and the faithful devotion of hundreds of horse lovers have assured the success of fund-raising efforts.

The facility at Tropical Park is provided by Dade County. This former race track has capacity for 150-200 horses. The maximum number stabled there was approximately 100. The excellent facilities at Tropical Park were partially diluted by the absence of electricity and useful telephone service; the only phone was limited to local calls. However, on approximately 6 September, AT&T and the Dade County Mounted Patrol supplied cellular phones to key personnel.

4. Concept

Early emphasis must be for clinical care. After critical cases have stabilized and wound healing is progressing normally, the primary thrust of effort should turn to the foster/adoption program; homes must be found for unclaimed horses and horses of owners who no longer have adequate housing for the horses. In addition, Hurricane Andrew exposed a significant problem of animal neglect. These horses sometimes cannot be returned to the owner, but must be maintained by county agencies of animal control.

5. Emergency phase

During the early post-Andrew days, we had no on-site military involvement. Official request for such involvement was initiated by the State Veterinarian, Dr. Bill Pace.

6. Tasks

- a. Establish a clear and distinct separation from the Animal Rights activists.
- b. Establish a deadline for dispersal of the horses from Tropical Park
- c. Seek assistance from the American Association of Equine Practitioners (AAEP) and American Veterinary Medical Association
- d. Establish a placement committee to administer the foster/adoption program
- e. Institute a reliable method of horse identification
- f. Establish a legally binding fostering agreement that would protect the rights of the original owner

7. Key Events

a. My arrival to the disaster area was 4 September 1992. The next day, I began my efforts at Tropical Park. It was intuitively obvious upon my arrival that the others involved with the horses were driven by emotions and egoism. My objectivity was valuable almost immediately.

b. Shortly after arrival, I initiated a meeting of the veterinarians involved in the clinical care of the horses. We established a deadline of 23 Sep to have the hospital evacuated. Our goal was to hand-off the responsibility to local veterinarians. (This deadline was not met; but, the wheels are turning--a second target date is 1 Oct.)

c. The efforts to secure support from our national veterinary associations resulted in 3 colleges of veterinary medicine sending teams; Auburn, Purdue, and Florida sent teams of clinicians and students. The Purdue students were evaluated during their period of involvement.

d. On approximately 15 September, the AAEP committed resources to reimburse the local veterinarians for their supplies expended during the early days prior to the arrival of donated stuff.

e. On 18 September, the fostering agreement was acquired through the cooperation of 2 local attorneys and the American Horse Protection Association in Washington, DC. The next day the first stray horse, a red pony, was fostered to a Metro Police officer. A confrontation ensued with a local animal protection organization who felt that the stray horses should be under their custody; however, Dr. Ted Specht and I consensually decided to defy the group whose reputation is less than sterling. We feared that the horses would be sold at auction if the group prevailed.

f. AVID, a commercial animal identification system donated 100 microchips and 2 electronic readers. This system was to be used to indelibly identify horses leaving our custody.

8. Key personnel

a. Veterinarians: Ted Specht, Debra Marshall, State Veterinarian Bill Pace, Dean Tom Vaughan of Auburn University, Dr. Sebastian Heath of Purdue University, Dr. Farol Thomson of the U. of Florida

b. Government agents: Sergeant Sherry Schlueter of Broward County, Joe Terragrosa of Dade County, W.C. Blue of State Agriculture

c. Others: Robin Lohnes of the American Horse Protection Association, Dr. Tennyson of the AVMA, Gary Carpenter of the AAEP

9. Lessons learned are found at enclosure 1.

10. Fostering application and agreement are found at enclosure 2.

K.B. Bigbie
Major, VC,
USA HSC

LESSONS LEARNED

OBSERVATION: Existing stray animal statutes in most states are written with small animals in mind. No clear disposition of farm animals is provided by the statutes.

DISCUSSION: Ownership of the hundreds of stray horses became that of the custodian after only 3 days and reasonable effort to contact the owner. Substantial profit is awaiting unscrupulous animal advocates.

RECOMMENDATION: The State Veterinarian initiate changes in the state statutes

OBSERVATION: The legalities and propriety of equine fostering is controversial.

DISCUSSION: No clear-cut guideline exists in this area. We were forced establish our own legal agreements with little existing format.

RECOMMENDATION: The AVMA, American Horse Protection Association and AAEP have been asked to assist in future negotiations. They have agreed with the concept.

OBSERVATION: Positive identification of the horses was very difficult without pictures or registration papers

DISCUSSION: Profit motive resulted in some people claiming horses that perhaps were not theirs. Positive proof was unavailable, perhaps blown away by Andrew. Also, horses fostered must be identified to prevent the new owner from sending the horse to slaughter.

RECOMMENDATION: An electronic microchip animal ID system is commercially available. If this system had been widely used before the storm, owner ID would have been simple. The stray horses were all "chipped" prior to fostering. I have been asked to sit on the AAEP committee for horse identification; through this capacity, perhaps more widespread use of microchipping can be affected.

HURRICANE ANDREW EQUINE RESCUE
FOSTER/ADOPTION AGREEMENT

Thank you for your interest in providing a foster home to a horse. These horses were displaced when Hurricane Andrew ravaged Dade County, Florida. For many of these animals, owners have not yet been located; for others, the owners no longer have facilities to maintain their horses. Some owners may never reclaim their horses; however, some owners will be able to resume care of their horses when facilities are rebuilt.

These horses have been through very traumatic experiences. Some are injured and/or have additional health problems, although all horses were tested for Equine Infectious Anemia and have a negative Coggins test. Some horses may need vitamin supplements, special feeding, and specific wound care.

Upon arrival at the foster home, the horse should be examined by your veterinarian. At that time, the horse should receive a general check-up and, if necessary, get special diet recommendations and instructions for any special wound or health care.

A. THE FOSTERING AGENT, ALL EXPENSES OF THE HORSE'S CARE WHILE IN YOUR POSSESSION, INCLUDING PROPER VETERINARY CARE, FEEDING AND SHELTERING ARE YOUR RESPONSIBILITY. THESE EXPENSES WILL NOT BE REIMBURSED BY THE HORSE'S OWNER OR ANY OTHER AGENCY. In many instances, the owners are attempting to rebuild homes and are not financially capable of paying for horse care during this time. You must understand you are accepting the responsibility of fostering a horse for the safety and well-being of the animal itself. In the event, the horse remains unclaimed or the owner is incapable of re-accepting the horse after it has been in proper foster care for a period of one year, you can adopt the animal.

No more than 2 animals will be permitted to be fostered at one address. It is up to you to arrange proper transportation from the holding facility to your home. Transportation must be by approved regular horse trailers. If needed, assistance with transportation may be available through voluntary horse clubs.

While we are eager to find good homes for these horses, we are only interested in fostering them with people who will provide regular veterinary care, good husbandry, and plenty of affection. Before deciding, please carefully read the Foster/Adoption Agreement which includes the veterinary guidelines.

If you want to foster a horse, fill out and return the application form. The fostering program will be conducted by the Placement Committee as appointed by the attending veterinarians, Drs. Ted Specht and K.B. Bigbie, and in consultation with The American Horse Protection Association of Washington, D.C. An inspection of your facilities and a letter from your veterinarian and other references may be required. You will be required to sign an agreement at the time you pick up a horse.

Thank you for your interest in assisting the horses of South Florida.

HURRICANE ANDREW EQUINE RESCUE
FOSTER/ADOPTION AGREEMENT

APPLICATION FOR FOSTER CARE OF HORSE

Last Name _____ First Name _____ MI _____

Street Address _____

City _____ State _____ ZIP _____

Home phone (____) _____ Business phone (____) _____

Birth date of applicant ____/____/____ Social Security _____

Address of facility where horse will be kept if different from above:

Animals desired for adoption (maximum of two) describe _____

Describe in detail the equipment you will use to transport the horse from
the holding facility to the foster home _____

Describe a) Type of hay you will use _____

b) Amount of feed per day you will provide _____

c) Water facility and quantity available daily _____

Describe specifically the facilities where the horse will be kept:

a) Corral size, fencing materials, and height _____

b) Pasture size, fencing materials, and height _____

c) Shelter, barn or stall dimensions _____

Have you previously adopted animals? _____

If so, from which agency(ies) _____

Are you able to accept full responsibility for the horse's welfare and
all costs associated with maintaining it? _____

How do you intend to use this horse? _____

Do you understand that the age and training of this horse are unknown and
that the horse may therefore need to be gentled? _____

THE UNDERSIGNED CERTIFIES that I have not been convicted of abuse or
inhumane treatment of animals; that I have adequate facilities and
ability to care for a horse; that I am of legal age in my state of
residence; and that the above statements are true and accurate to the
best of my knowledge.

Applicant/Recipient

Date

HURRICANE ANDREW EQUINE RESCUE
FOSTER/ADOPTION AGREEMENT

TERMS AND CONDITIONS OF PLACEMENT OF EQUINE

Description _____ Markings _____

Sex _____ Coggins Papers Included _____

Characteristics _____

Medical History _____

I.D. (Microchip) AVID# _____

The terms and conditions for the placement of the above-described equine, ("Equine"), with:

("Recipient"), which the Recipient agrees to abide by as a condition to receiving the Equine are as follows:

1. To provide adequate shelter, food, and water for the Equine.
2. To insure that the Equine receives prompt and adequate medical treatment by a licensed veterinarian as needed. (See Veterinary Guidelines attached hereto and made a part hereof.)
3. To irrevocably grant to the Placement Committee, (hereinafter named), and/or any humane organization monitoring the welfare of the Equine the right to receive copies of any and all medical records and reports on the Equine from any veterinarian treating the Equine and hereby authorizes any treating veterinarian to provide the same.
4. To insure that the Equine is always treated with kindness, affection and respect and to abide by all the anti-cruelty laws of the jurisdiction in which the Equine resides.
5. To permit the Placement Committee and/or any humane organization monitoring the welfare of the Equine, to make periodic inspections of the facilities and conditions in which the Equine is maintained, with or without notice.
6. To insure that the Equine is never used for any commercial exploitation in any manner whatsoever, including but not limited to, use as rodeo stock.
7. Recipient agrees not to remove the Equine from the State of Florida until adoption is final or prior thereto, without obtaining prior written consent of the Placement Committee.
8. Until adoption is final, never to transfer possession and/or custody of the Equine to anyone else or entity for any reason whatsoever, without prior written consent of the Placement Committee.

9. Until adoption is final, in the event Recipient no longer desires to possess the Equine, or upon the death of Recipient, Recipient or his or her heirs, grant the Placement Committee the right to immediately repossess the Equine, including the right to enter upon the Recipient's premises in order to effect said repossession. Notification is to be made pursuant to the terms hereof.
10. In the event it is determined by the Placement Committee and/or any humane organization monitoring the welfare of the Equine, that the Equine is not being adequately cared for in accordance with the terms hereof, the Recipient irrevocably grants the Placement Committee and/or any humane organization monitoring the welfare of the Equine the right to repossess the Equine, including the right to enter upon Recipient's premises in order to effect said repossession.
11. While the Equine is in his or her care, the Recipient hereby assumes full legal responsibility for the Equine and any damage it may cause. Recipient further assumes full financial responsibility for the proper care and maintenance of the Equine.
12. Until adoption is final, Recipient agrees to notify the Placement Committee, pursuant to the terms hereof, of any change in residency of Recipient within thirty (30) days of such change.
13. Recipient hereby expressly understands and agrees that the owner of the Equine may claim the same within one (1) year of the date hereof, in which event the Recipient agrees to return possession of the Equine to the owner and shall not be entitled to reimbursement of any expenses paid on account of the Equine. One (1) year from the date hereof, the Equine shall belong to the Recipient and the adoption shall be considered final, unless otherwise provided by law.
14. Any notice required to be given by Recipient to members of the Placement Committee or by the Placement Committee to the Recipient shall be in writing and forwarded by U.S. mail, certified mail, return receipt requested at the addresses provided herein. Any notice of a change of address shall be provided pursuant to the terms hereof.
15. The terms hereof shall be construed in accordance with the laws of the State of Florida. In the event of any litigation arising out of the terms hereof, the prevailing party shall be entitled to reasonable attorney's fees and costs, including appeal.

Witness

Recipient

Date _____

Recipient's Address

Address where Equine to be maintained

Home Phone _____

Work Phone _____

Any notification to the Placement Committee required pursuant to the terms hereof must be made to one of the following members:

Ben Franklin, DVM	- 305-822-8502
Deena Meyers	- 305-472-5381
Leslie Kastner	- 305-432-7788 (Broward) - 305-621-6524 (Dade)
Sgt. Sherry Schlueter	- 305-797-0994
Sally Speidel	- 305-474-3641

(The Placement Committee may change or add members to the above by providing Recipient with written notice as provided herein.)

**HURRICANE ANDREW EQUINE RESCUE
FOSTER/ADOPTION AGREEMENT**

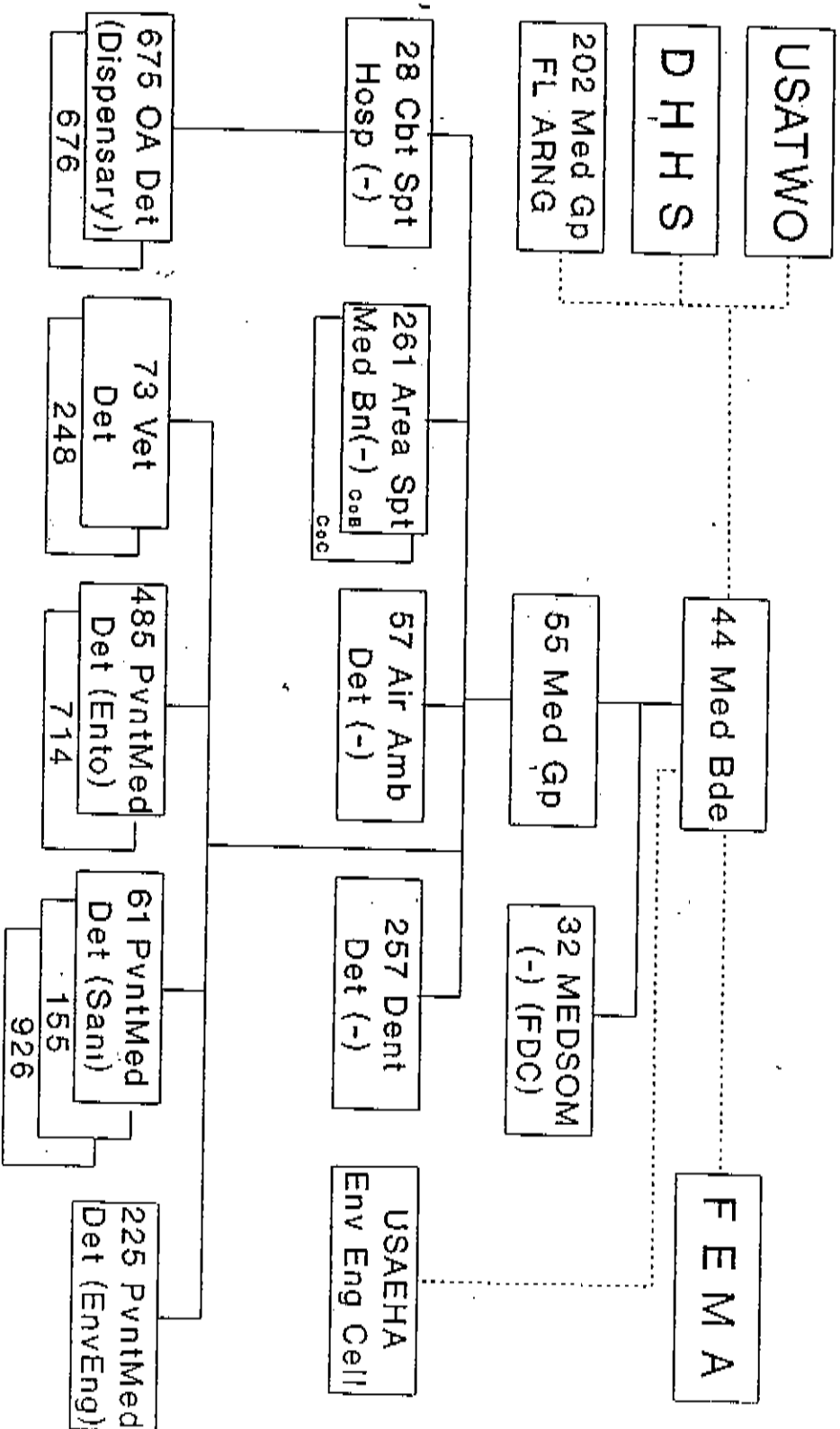
VETERINARY GUIDELINES FOR EQUINE FOSTER CARE

1. Initial soundness exam at point of destination.
2. Yearly health exams.
3. Routine foot care at 6-8 week intervals.
4. Routine teeth care - yearly at minimum.
5. Worming on regular basis as determined by a veterinarian.
6. Vaccinations: tetanus toxoid
VEE-EEE-WEE (equine encephelomyelitis)
rabies -- rhinopneumonitis -- flu
(if recommended by veterinarian)
7. Nutrition: Amount and type of feed and hay as determined by a veterinarian depending on size and condition of the horse.

Water and salt blocks available at all times. Mineral blocks and/or other vitamin supplements if necessary and recommended by a veterinarian.
9. Clean, dry area for housing. Windbreaks for minimizing drafts. Remember these horses are acclimated to the hot environment of South Florida.
10. Plenty of room for exercise. Size of area depends on the amount of time which will be spent exercising the horse.
11. Lots of love and attention.

NOTE: The exact ages and level of training of these horses are unknown. Although these horses may appear docile, teeth and hooves are powerful weapons; so take appropriate precautions when working with these animals.

JTF ANDREW MEDICAL TASK FORCE



PRELIMINARY LIST OF PVNTMED/VET ASSETS AT JTF ANDREW
(SEPTEMBER - OCTOBER 1992)

Units	Senior PM/Note	Off/Enl
<u>U S A R M Y A S S E T S</u>		
18th Abn Corps	MAJ Steven Jones, 68N	1 - 0
44th Med Bde	COL Dale Carroll, 60C	1 - 0
61st PM Det	1LT Dennis Kilian, 68N	1 - 8
155th PM Det	1LT Aaron Silver, 68N	1 - 9
225th PM Det	CPT Doug Van Werden, 68P	1 - 7
485th PM Det	CPT Steve Horosko, 68G	2 - 13
	CPT John McConnell, 68G	
714th PM Det	CPT Jeff Ryan, 68G	1 - 6
926th PM Det	1LT Henry Sanders, 68N	1 - 8
73rd Vet Det	CPT Steve Watters, 64A	1 - 5
248th Vet Det	CPT John Wardlaw, 64A	1 - 4
10th Mtn Div	MAJ Steve Klamerus, 60C	3 - 4
	1LT Michael Landadio, 68N	
	1LT Daemon Woods, 68N	
24th Inf Div	2LT Monica Dorsey, 68N	1 - 3
82nd AB Div	LTC Kelly McKee, 60C	2 - 6
	2LT Greg Kimm, 68N	
101st Abn Div	Div Sgn PVNTMED Techs	0 - 2
EPICON Team	LTC Jose Sanchez, 60C	7 - 1
	MAJ Linda Bruckart, 66B	
	LTC Bob DeFraites, 60C	
	MAJ Joan Eitzen, 66B	
	CPT Vincent Fonseca, 60C	
	CPT Juan Torres-Cordero, 60C	
	CPT Susan Schretenthaler, 66B	
USAEHA Envir Cell	CPT Matt Waterbury, 68P	2 - 0
	1LT Tim Bosetti, 68P	

Army Subtotal of Known PM/VET Assets (26 Off + 76 Enl = 102)

PRELIMINARY LIST OF PVNTMED/VET ASSETS AT JTF ANDREW
(SEPTEMBER - OCTOBER 1992)
(Continued)

Units	Senior PM/Note	Off/Enl
<u>OTHER DOD/USPHS ASSETS</u>		
US Navy	CDR Jim Need	5 - 4
	LCDR Tom Breaud	
	LCDR Manuel Lluberas	
	LT Dave Lavender	
	LT Mike Zyzak	
US Air Force	LTC Terry Biery	5 - 25
	(Spray Team Included one Entomologist, Pilots and Maintenance Personnel	
US Marines	Organic to MEF	0 - 4
US PHS	CAPT J.R. Gorham	1 - 0
CDC	MAJ Mainzer, MC (Epi)	1 - 0
CDC	Dr. Nasci (Ento)	1 - 0

Subtotal (Other Fed PM Assets) (13 Off/Prof + 33 Enl = 46)

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Total Known Fed PM/VET Assets (39 Off/Prof + 109 Enl = 148)
=====

Please Provide any Additions and/or Corrections to:

LTC Donald P. Driggers
HQ FORSCOM, ATTN: FCMD-XO
Fort McPherson GA 30330-6000
Phone: (404) 669-6813 [DSN = 367]